



**STATE OF TENNESSEE
TENNESSEE EMERGENCY COMMUNICATIONS BOARD
DEPARTMENT OF COMMERCE AND INSURANCE**

500 JAMES ROBERTSON PARKWAY, NINTH FLOOR
NASHVILLE, TENNESSEE 37243-0582
615-253-2164/FAX: 615-401-7642

REQUEST FOR ADVANCE OR REIMBURSEMENT OF CATASTROPHIC COSTS

District: _____
Contact: _____
Address: _____

In accordance with TECB Policy Number 40 and Tenn. Code Ann. § 7-86-306(a)(11), the undersigned requests, on behalf of the above stated Emergency Communications District, the following advance or reimbursement payment for cost recovery to maintain enhanced 911 service.

	Date	Amount
Advance Payment Requested		
Less Advance Payment Received		
Total Amount of Damages or Cost Incurred		
Less Insurance Provider Reimbursement		
Requested Reimbursement from TECB		
Due to TECB (payment is attached)		

Description: _____

CERTIFICATIONS

I hereby certify that, if an advance payment is requested, the above named ECD is in immediate need of cash resources to initiate and maintain 911 services at an acceptable level of operations.

I hereby certify that the above named ECD had a valid insurance policy in effect at the time of the catastrophic event and subsequently filed or will file claims for reimbursement in accordance with the policy requirements to the extent necessary to ensure full allowable reimbursement. I further certify that, any cost recovery amounts received by the ECD from insurance or other agencies resulting from processed claims, shall be returned to the TECB.

I hereby certify that this request for cost reimbursement, which is submitted to the Tennessee Emergency Communications Board pursuant to Tenn. Code Ann. § 7-86-306(a)(11), is correct and valid. I further certify that the amount claimed was expended to implement, operate, maintain or enhance statewide wireless enhanced 911 service in conformance with all applicable orders and rules of the Federal Communications Commission and other federal and state requirements that pertain to wireless enhanced 911 service.

Signature of District Agent

Date